

Consumer Scenarios

Comparing Long-Term Care Systems in Wisconsin

The following scenario's track Wisconsin citizens with long-term care needs through the current long-term care system and the enhanced holistic Family Care delivery system describing the outcomes and potential costs for comparison of consumer satisfaction and cost effectiveness. These scenarios were developed from a composite of typical consumers currently enrolled in the Family Care program.

- 1) **EMILY** is 82 years old. She lives in Milwaukee County. She has osteoporosis, high blood pressure, depression, diabetes mellitus and suffers from dehydration with related confusion. She has no close family; the daughter most involved with her lives three states away. Emily lives alone. She is hospitalized briefly to stabilize her medication regimen as she presented at the doctor's office with high blood pressure, obviously dehydrated and very confused. The daughter flies home to see what can be done.

COUNTY WITHOUT FAMILY CARE

- Daughter talks with discharge planner at hospital.
- Daughter referred to county human services long-term care coordinator.
- Coordinator is willing to screen Emily for long-term care programs but points to a wait list for home and community-based waiver services at least a year long for any services.
- As Emily has no significant assets other than a small savings account, the only service available is a nursing home because it's an entitlement.
- Emily refuses to go to a nursing home. She does not qualify for community Medicaid.
- Daughter returns to own home.
- Emily is re-hospitalized with the same issues within three weeks of daughter leaving.
- Daughter and physician persuade Emily that a nursing home is her only option at this time.
- Emily is placed in the nursing home. Her depression worsens, and lack of activity leads to loss of muscle mass and weakness.
- Within three months Emily becomes a permanent resident of the nursing home. Medicaid is the source of payment.

OUTCOMES: Emily is not living where she chooses to live, her health continues to deteriorate, her depression remains largely untreated. She becomes withdrawn and isolated; gradually her level of care increases.

COST: The cost to the state for ICF nursing level of care in a nursing home is \$2,184 per month.

COUNTY WITH FAMILY CARE

- Daughter talks with discharge planner at hospital.
- Daughter referred to resource center.
- Resource center makes a visit to Emily and daughter in hospital for options counseling.
- Emily is tested for functional eligibility by RC staff, and found eligible at a nursing home level of care.
- Emily is given the alternatives of going to a nursing home or receiving care in her own home.
- Emily chooses to go back to her own home.
- Emily is enrolled in Family Care and assessed by the CMO interdisciplinary team at the local care management organization.
- Emily receives the following services and supports:
 - Help with meals, housekeeping and chores.
 - Weekly medication setups and nursing checks.
 - Help with bathing and skin maintenance related to diabetes.
 - Transportation to the local senior center to play cards. (Emily had been unable to participate any longer when she gave up driving).
 - Treatment for her depression.

OUTCOMES: Coordinated care for all health and long-term care services keeps Emily out of the hospital and ER. Emily is living where she chooses. Emily is re-linking to the community which gives her hope for the future.

COST: Milwaukee CMO capitation rate for elders is \$1,711 per month.

Note: Cost information is from 2002

- 2) **BILL** is a 19-year-old man in a special education program in a public school setting in Fond du Lac County. He has mild mental retardation, autism and is diagnosed with a conduct disorder. He has difficulty following directions, is disruptive in group situations and is often isolated from his peers. He has articulated that he wants to leave school and get a job. He lives with his parents who receive no services other than small amounts of family support money for respite, as Bill still requires supervision due to impulse behaviors that sometimes threaten his own safety. He has SSI.

COUNTY WITHOUT FAMILY CARE

- Bill and parents are referred to county human services agency by school system for a transitions staffing when it becomes clear Bill does not want to stay in the school system until age 21.
- There is a county wait list for services for people with developmental disabilities, including a wait list for the local sheltered workshop.
- County offers case management but encourages Bill to stay in school. There is a five-year wait list for waiver services.
- Bill insists on leaving school; his behaviors escalate and the school feels they can do nothing more for him.
- He is referred to DVR who will not accept the referral; there is no long-term care funding attached to him because he is likely to need a job coach beyond the time frame DVR will support him.
- Bill spends a lot of time at home, watching television and walking around town. He discovers the arcade where he becomes skilled at video games.
- Bill gets into trouble with the law for disruptive behavior. He is arrested and put on probation. He continues to be a disruptive presence in the community and develops an alcohol problem.
- Bill is finally jailed for assault and battery.

OUTCOMES: Bill fails to achieve his outcome of employment, loses his ambition to work and fails to pick up any new life skills.

COST: The cost of SSI is \$447.13 per month (\$363.34 fed, \$83.78 state). Plus there's a cost for probation services and a cost per month (\$1,800) for jail time. Loss of employment opportunities and productive life.

COUNTY WITH FAMILY CARE

- Bill and parents are referred to resource center by school system.
- Bill is functionally and financially eligible for Family Care.
- Bill chooses to enroll in Family Care and receives a comprehensive assessment.
- Bill's main outcome is to have a job in the community; Bill is referred to DVR who works with the interdisciplinary team to assess and plan for Bill vocationally.
- Bill receives daily living skills training in shopping, cooking, cleaning, laundry and money management.
- Bill also learns about employer expectations for grooming and dressing appropriately.
- Bill and his job coach find a job at a bank where Bill shreds confidential papers he collects around the offices of a big regional bank. He works alone; his job coach is no longer needed full time after six months.
- Bill is reassessed by the CMO in one year; he drops from comprehensive level to intermediate as his skill level has increased.
- Bill's new outcome is to have an apartment of his own.

OUTCOMES: Bill's outcomes of a job and a place of his own result in a major increase in all his daily living skills as he works towards this goal.

COST: Fond du Lac comprehensive rate under Family Care for year one is \$1,871 per month. Year two at the intermediate rate is \$625 per month.

- 3) **DON** is a 65-year-old widower who has had a major stroke. He lives in Marathon County. He is paralyzed on his left side and now uses a wheelchair. He is incontinent intermittently and has difficulty with his speech. He is cognitively intact. He has a home of his own and considerable assets (\$200,000 plus house). He is currently in the nursing home under Medicare for rehabilitation. Medicare will pay for 90 days.

COUNTY WITHOUT FAMILY CARE

- The nursing home discharge planner calls the county human services long-term care coordinator.
- The discharge planner is told that there is a four-year wait list for community long-term care, and Don is over assets to qualify. The human service agency does not do private case management.
- The discharge planner contacts a local CBRF. Don qualifies for residency as his need for skilled services will be time limited and meet statutory requirements.
- Don is given the choices the discharge planner is aware of, nursing home or CBRF. Don chooses the CBRF as they have a private room available.

OUTCOMES: Don is unable to move back home as the discharge planner does not have the knowledge or resources to help him put his own care plan together. He eventually sells his home.

COST: The cost of the CBRF is \$3,200 a month. Don uses most of his social security income of \$1,350 minus money for medications and other medical expenses and takes the balance of \$1,650 out of his savings. At this rate his personal savings will last about nine years. Don could then use his the profits from the sale of his house, which would cover approximately two additional years. Don could then qualify for Medicaid. However, in order to access long-term care through Medicaid, Don would be forced to leave the CBRF and move into a nursing home as this is the only residential placement that has Medicaid entitlement attached to it.

COUNTY WITH FAMILY CARE

- The nursing home discharge planner calls the resource center.
- Resource center staff find Don functionally eligible for Family Care but not financially eligible.
- Resource center staff provide Don with options counseling. They compare the cost of a nursing home with the cost of a CBRF and the cost of in-home care.
- The resource center provides short-term case management for Don to help him plan his care on discharge.
- Don decides to return to his own home with Medicare home health and private pay personal care assistance. He purchases this from a supportive home care agency.
- The resource center staff help him locate transportation, hook him up with meals on wheels and a local high school volunteer program and help him purchase a scooter. They recommend a personal emergency response system.

OUTCOMES: Don wants to remain in his own home and be as independent as possible. He wants to continue making gains with his physical strength and remain connected to his community.

COST: Don pays privately for his care beyond Medicare. The cost for four hours a day of supportive home care five days a week at \$12 per hour is \$1,040 per month. The personal emergency response system at \$30 per month brings his total monthly expenses to \$1,070 per month. At this rate his \$200,000 savings will last about 13 years.